



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

L0064
MEDCO

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Laubacher	Cynthia	M.	916-726-1081
MAILING ADDRESS (Street)			FAX
7017 Cobalt Way			916-726-9756
(City)	(State)	(Zip Code)	
Citrus Heights	CA	95621	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Medco Health Solutions, Inc.		719-487-3009
MAILING ADDRESS (Street)		FAX
19520 Yellow Wing Court		719-481-8093
(City)	(State)	(Zip Code)
Colorado Springs	CO	80908
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Peter F. Harty, VP Govt. Affairs & Policy		719-487-3009
MAILING ADDRESS (Street)		FAX
19520 Yellow Wing Court		719-481-8093
(City)	(State)	(Zip Code)
Colorado Springs	CO	80908

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Cynthia M. Gaubacher

12/7/04

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Peter F. Harty		Vice President, Govt. Affairs & Policy	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Medco Health Solutions, Inc.		719-487-3009	
MAILING ADDRESS (Street)		FAX	
19520 Yellow Wing Court		719-481-8093	
(City)	(State)	(Zip Code)	
Colorado Springs	CO	80908	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Peter F. Harty</i>		<i>12/8/04</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	